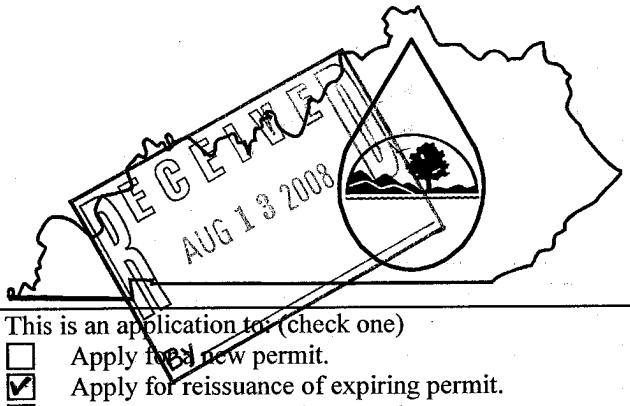
KPDES FORM 1

3127



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application for (check one)
- ☐ Apply for a new permit.
- ☑ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE: 0 0 9 3 0 9 1 4 (90)
A. Name of Business, Municipality, Company, Etc. Requesting Permit: Otter Creek Park	
B. Facility Name and Location: Otter Creek Park	C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner's mailing address (if different) in D.**
Facility Location Name: Otter Creek Park Landfill ~~Runoff~~	Facility Contact Name and Title: Mr. ☑ Ms. ☐ Dan Young / Park Administrator
Facility Location Address (i.e. street, road, etc., **not P.O. Box**): 850 Otter Creek Park Rd	Mailing Address: 850 Otter Creek Park Rd
Facility Location City, State, Zip Code: Brandenburg Ky 40108	Mailing City, State, Zip Code: Brandenburg Ky 40108
D. Owner's name (if not the same as in part A and C): Metro Louisville	Facility Contact Telephone Number: (502) 574 4583
Owner's Mailing Address:	Owner's Telephone Number (if different): (502) 574 4583

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:
Landfill - Closed October 1998

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	N/A		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Meade	City where facility is located (if applicable):
C. Body of water receiving discharge: Ohio River	
D. Facility Site Latitude (degrees, minutes, seconds): 37°55'44"N / 86°02'20"W ←	Facility Site Longitude (degrees, minutes, seconds):
E. Method used to obtain latitude & longitude (see instructions): Naturalist	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A	

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:

☑ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Gary Crabtree	(270) 268-8205
Operator Mailing Address (Street): 168 Thousand Oaks	
Operator Mailing Address (City, State, Zip Code): Elizabethtown KY 42701	
Is the operator also the owner? Yes ☐ No ☑	Is the operator certified? If yes, list certification class and number below. Yes ☑ No ☐
Certification Class: class 3	Certification Number: # 8595

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY0093094	5/31/08	
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #: KY00	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Microbac Laboratories
DMR Official Telephone Number:	(502) 962-6400

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	Microbac Laboratories - Attn: Joan
DMR Mailing Address:	3323 Gilmore Industrial Blvd
DMR Mailing City, State, Zip Code:	Louisville, Ky ~~4021~~ 40123

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: 8/7/08 10:00am No Charge as Per Ann Workman	Filing Fee Enclosed:

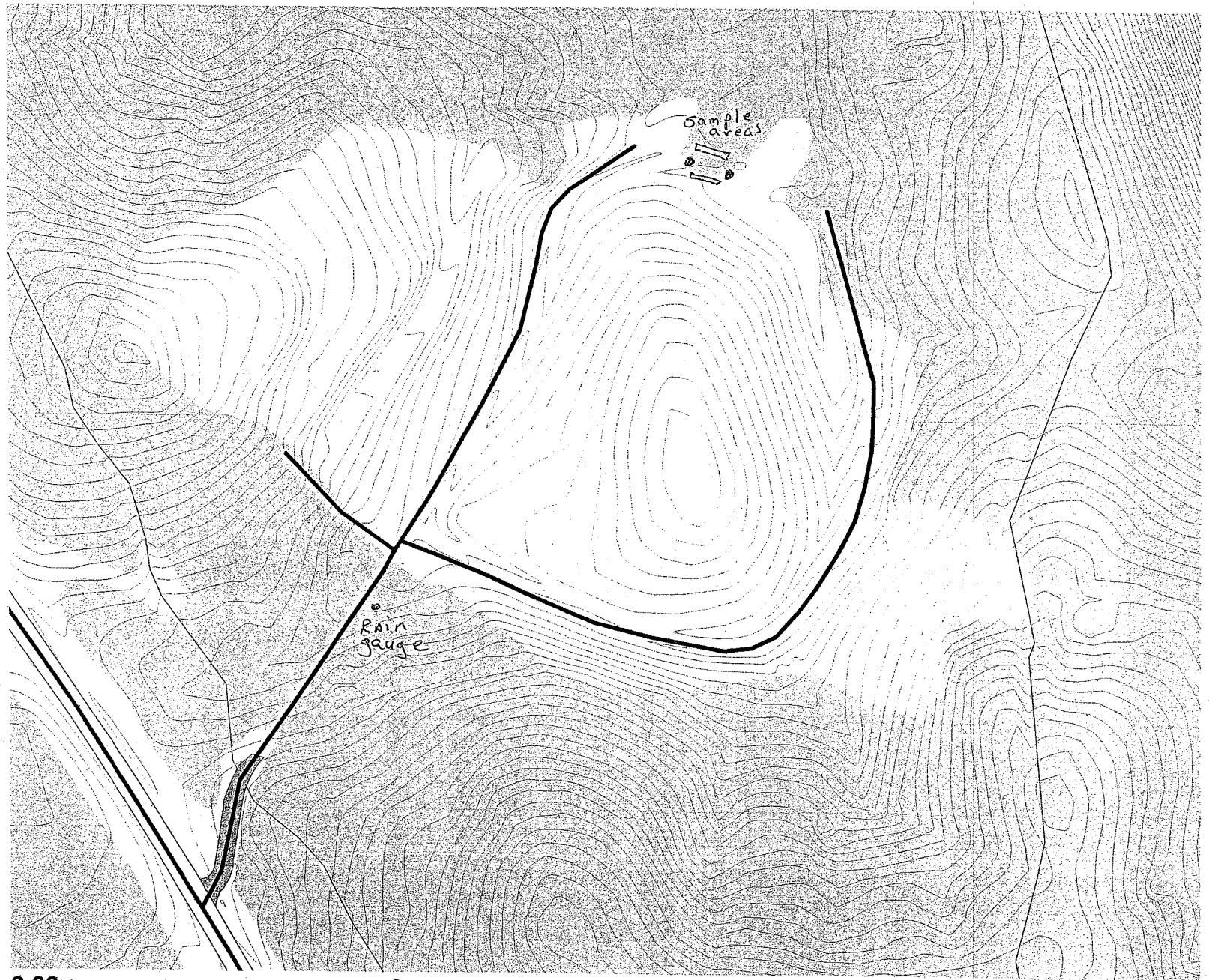
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☑ Ms. ☐ Daniel Young Park Administrator	(502)5744583
SIGNATURE	DATE:
Daniel Young	8/7/08

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

Otter Creek Landfill



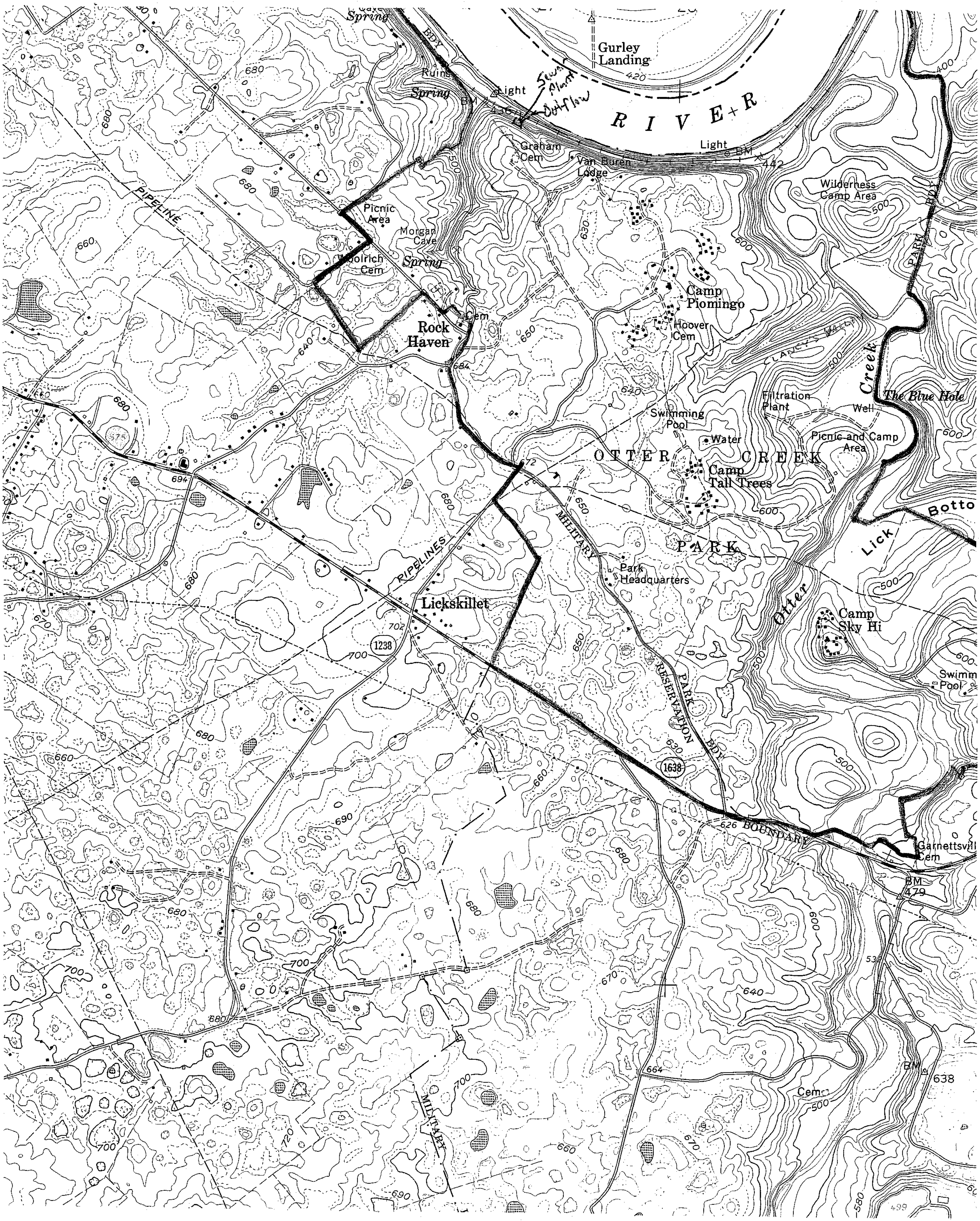
- 1 water sample No later than 48hrs after a rainfall

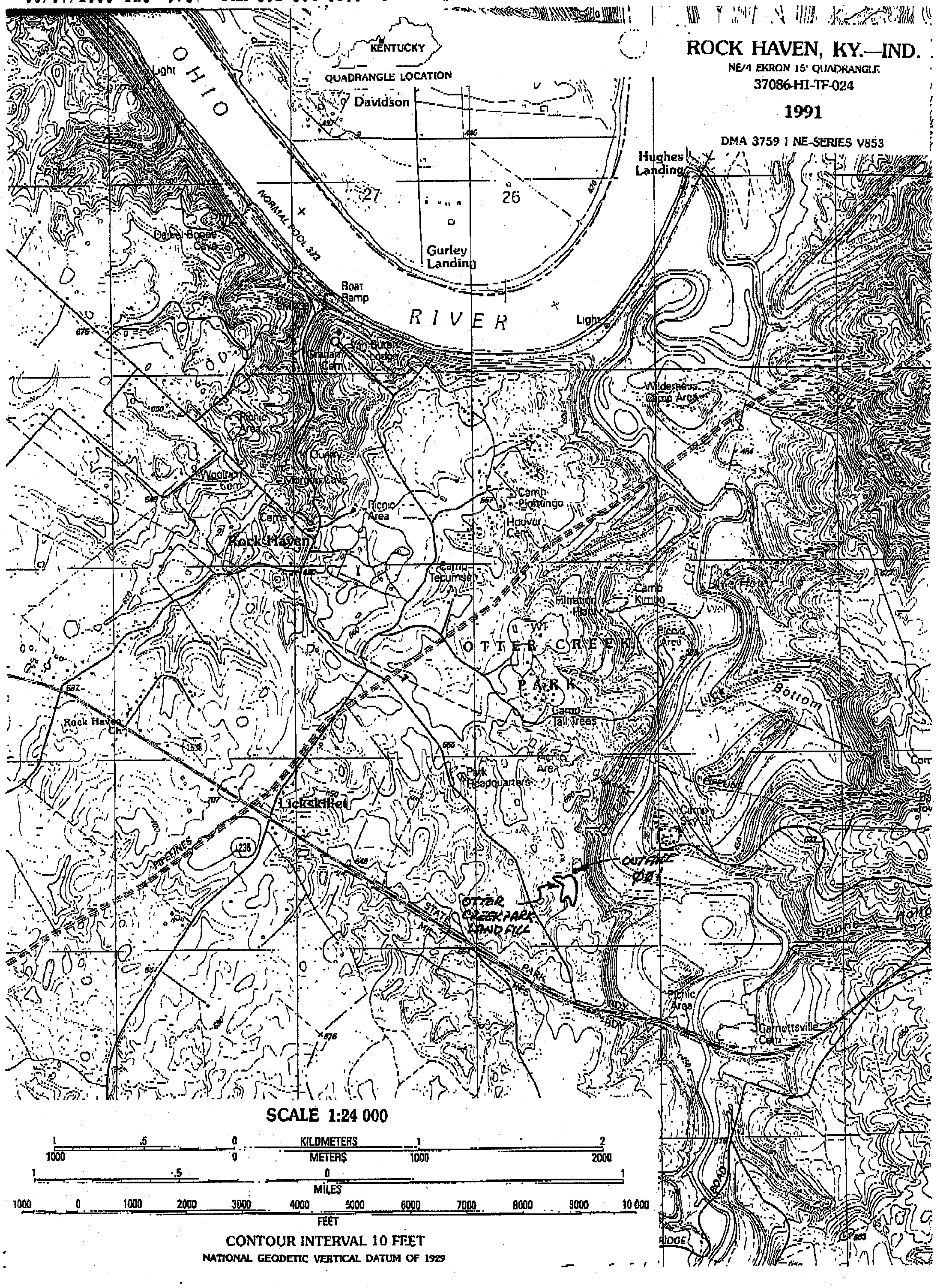
- Rain gauge checked after each rainfall

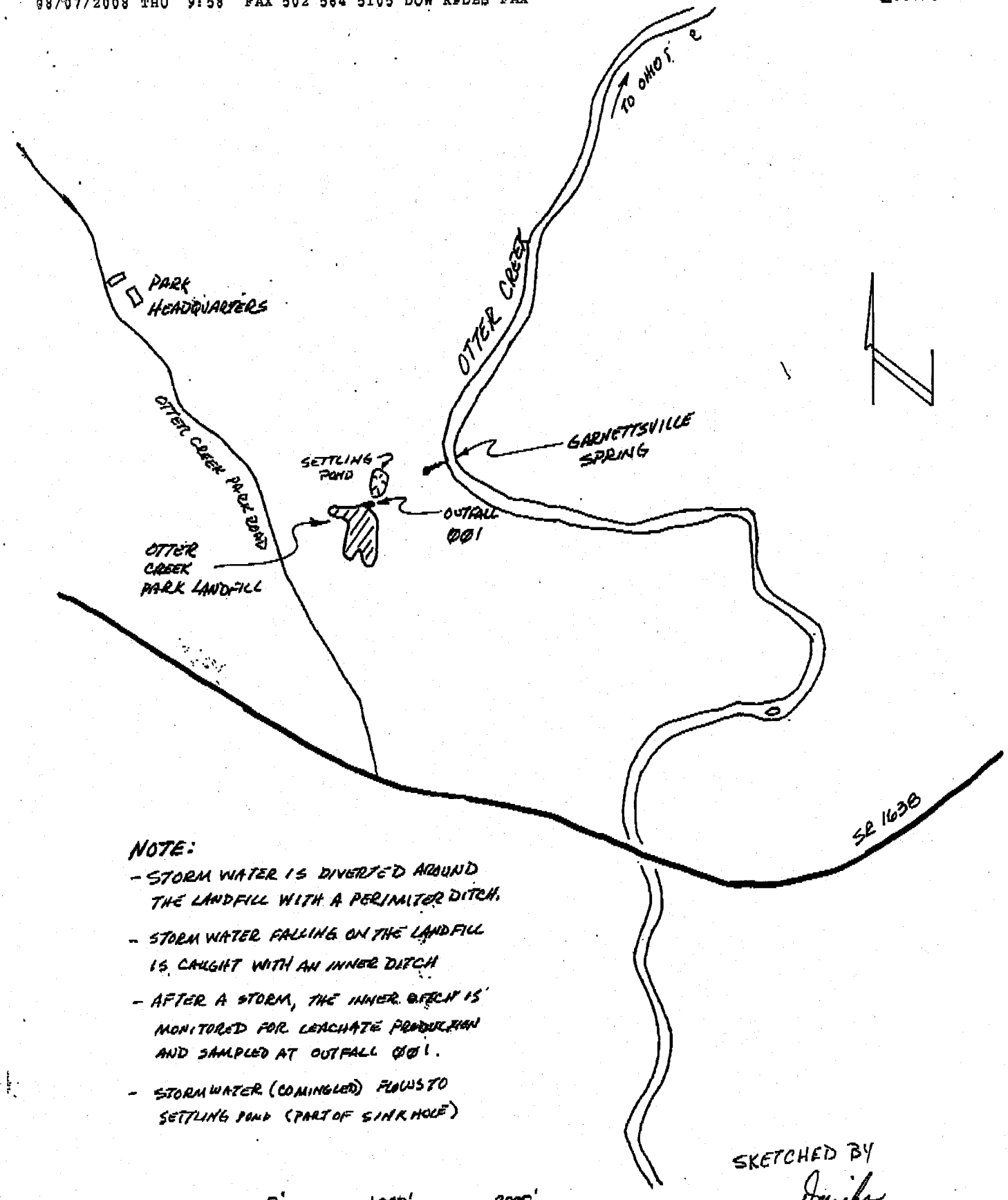
Roads.shp
Boundary.shp
Mistrans.shp
Roadpoly.shp
Trails.shp
Connector Trail
Otter Creek Trai
Redcedar Trail
Valley Overlook
2 ft contours.sh
Veglines.shp

N
W E
S

0.06 0 0.06 0.12 Miles


Spring
Gurley
Landing
420
Ruins
Spring
BM
Light
Sewer Plant Outflow
R I V E R
Graham
Cem
Van Buren
Lodge
Light
BM
442
Wilderness
Camp Area
500
PIPELINE
Picnic
Area
Morgan
Cave
Spring
Woolrich
Cem
Camp
Piomingo
Cem
Rock
Haven
Hoover
Cem
CLANCY'S VALLEY
Creek
684
Filtration
Plant
The Blue Hole
Swimming
Pool
Well
Water
Picnic and Camp
Area
OTTER CREEK
Camp
Tall Trees
694
Botto
Lick
PARK
MILITARY
PIPELINES
Park
Headquarters
Lickskillet
Otter
Camp
Sky Hi
702
1238
700
650
RESERVATION
PARK
Swimm
Pool
630
BDY
1638
626
BOUNDARY
Garnettsvil
Cem
BM
479
680
660
690
640
670
664
BM
638
Cem
500
MILITARY
720
600
580


ROCK HAVEN, KY.—IND.
NE/4 EKRON 15' QUADRANGLE
37086-H1-TF-024
1991
DMA 3759 I NE-SERIES V853
KENTUCKY
QUADRANGLE LOCATION
OHIO
RIVER
NORMAL POOL 383
Davidson
Hughes Landing
Gurley Landing
Light
Boat Ramp
Daniel Boone Cave
Van Buren Lodge
Graham Cem
Picnic Area
Quarry
Morgan Cave
Woolfolk Cem
Rock Haven
Camp Piomingo
Hoover Cem
Camp Tecumseh
Filtration Plant
Camp Kunbo
Wilderness Camp Area
OTTER CREEK PARK
Camp Tall Trees
Park Headquarters
Lick Bottom
Camp Sky
Lickskillet
Rock Haven Ch
PIPELINES
OUTFALL 001
OTTER CREEK PARK LAND FILL
Garnettsville Cem
SCALE 1:24 000
KILOMETERS
METERS
MILES
FEET
CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

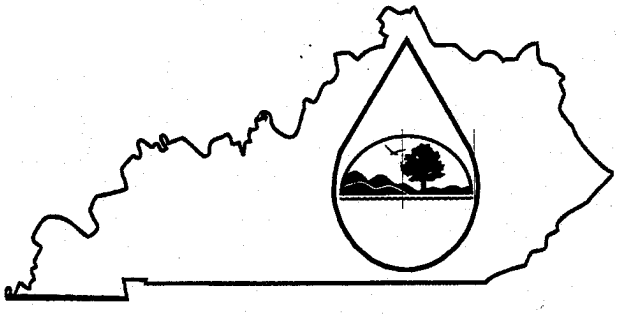


NOTE:

- STORM WATER IS DIVERTED AROUND THE LANDFILL WITH A PERIMETER DITCH.
- STORM WATER FALLING ON THE LANDFILL IS CAUGHT WITH AN INNER DITCH
- AFTER A STORM, THE INNER DITCH IS MONITORED FOR LEACHATE PRODUCTION AND SAMPLED AT OUTFALL 001.
- STORMWATER (COMINGLED) FLOWS TO SETTLING POND (PART OF SINK HOLE)

SKETCHED BY
3-5-98

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Otter Creek Park Stormwater | County: Meade

AGENCY USE

I. OUTFALL LOCATION

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
KY0093094	37°	55	44	86°	02	20	Ohio River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
KY0093094	Runoff	Rain Event	N/A	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☑ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ Yes (Complete Item III-B) List effluent guideline category:

☑ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☐ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☑ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected
N/A					

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
None to our Knowledge (Landfill Closed + Capped - Oct. 1998)			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☑ No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ Yes (Complete Item VI-C) ☑ No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below) ☑ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☑ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below) ☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
IRON Microbac Laboratories 339	3323 Gilmore Industrial Blvd Louisville Ky 40123	(502) 962 6400	IRON (4.38)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Daniel Young / Park Administrator	(502) 574 4583
SIGNATURE	DATE
	Aug 7, 2008

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) — **OUTFALL NO.**

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	X											
b. Chemical Oxygen Demand (COD)	X											
c. Total Organic Carbon (TOC)	*30.	N/A	6.98	N/A	14.5	N/A	4	mg/L	N/A			
d. Total Suspended Solids (TSS)	*13	N/A	10.0	N/A	10.5	N/A	4	mg/L	N/A			
e. Ammonia (as N)	X											
f. Flow (in units of MGD)	VALUE *		VALUE		VALUE			MGD		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°c		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°c		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM				STANDARD UNITS				

* Results on Storm Event occurs

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)		X												
b. Bromine Total Residual		X												
c. Chloride	X													
d. Chlorine, Total Residual		X												
e. Color		X												
f. Fecal Coliform		X												
g. Fluoride (16984-48-8)		X												
h. Hardness (as $CaCO_3$)		X												
i. Nitrate – Nitrite (as N)		X												
j. Nitrogen, Total Organic (as N)		X												
k. Oil and Grease		X												
l. Phosphorous (as P), Total 7723-14-0		X												
m. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium Total		X												
(4) Radium, 226, Total		X												

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X" a. Believed Present	2. MARK "X" b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	4. UNITS a. Concentration	4. UNITS b. Mass	5. INTAKE (optional) a. Long-Term Avg. Value (1) Concentration	5. INTAKE (optional) a. Long-Term Avg. Value (2) Mass	5. INTAKE (optional) b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)		X												
o. Sulfide (as S)		X												
p. Sulfite (as SO_4) (14286-46-3)		X												
q. Surfactants		X												
r. Aluminum, Total (7429-90)		X												
s. Barium, Total (7440-39-3)		X												
t. Boron, Total (7440-42-8)		X												
u. Cobalt, Total (7440-48-4)		X												
v. Iron, Total (7439-89-6)	X		4.65	N/A	4.65	N/A	4.65	N/A	4	mg/L	N/A			
w. Magnesium Total (7439-96-4)		X												
x. Molybdenum Total (7439-98-7)		X												
y. Manganese, Total (7439-96-6)		X												
z. Tin, Total (7440-31-5)		X												
aa. Titanium, Total (7440-32-6)		X												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium Total (7440-41-7)			X												
4M. Cadmium Total (7440-43-9)			X												
5M. Chromium Total (7440-43-9)			X												
6M. Copper Total (7550-50-8)			X												
7M. Lead Total (7439-92-1)			X												
8M. Mercury Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-28-0)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X" a. Testing Required	a. Believed Present	b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	(2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	(2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	(2) Mass	d. No. of Analyses	4. UNITS a. Concentration	b. Mass	5. INTAKE (optional) a. Long-Term Avg Value (1) Concentration	(2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chloro-benzene (108-90-7)			X												
8V. Chlorodibro-momethane (124-48-1)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						d. No. of Analyses	4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass		a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
9V. Chloroethane (74-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichlorethylene (75-35-4)			X												
17V. 1,2-Di-chloropropane (78-87-5)			X												
18V. 1,3-Dichloropro-pylene (452-75-6)			X												
19V. Ethyl-benzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)			X												
22V. Methylene Chloride (75-00-2)			X												
23V. 1,1,2,2-Tetrachloro-ethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)			X												
27V. 1,1,1-Tri-chloroethane (71-55-6)			X												
28V. 1,1,2-Tri-chloroethane (79-00-5)			X												
29V. Trichloro-ethylene (79-01-6)			X												
30V. Vinyl Chloride (75-01-4)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						d. No. of Analyses	4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass		a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-o-cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-chloro-m-cresol (59-50-7)			X												
9A. Pentachlorophenol (87-88-5)			X												
10A. Phenol (108-05-2)			X												
11A. 2,4,6-Trichlorophenol (88-06-2)			X												
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo(a)-anthracene (56-55-3)			X												
6B. Benzo(a)-pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo(ghl) perylene (191-24-2)			X												
9B. Benzo(k)-fluoranthene (207-08-9)			X												
10B. Bis(2-chlor-oethoxy)-methane (111-91-1)			X												
11B. Bis (2-chlor-oisopropyl)-Ether			X												
12B. Bis (2-ethyl-hexyl)-phthalate (117-81-7)			X												

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			X												
14B. Butyl-benzyl phthalate (85-68-7)			X												
15B. 2-Chloro-naphthalene (7005-72-3)			X												
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			X												
17B. Chrysene (218-01-9)			X												
18B. Dibenzo-(a,h) Anthracene (53-70-3)			X												
19B. 1,2-Dichloro-benzene (95-50-1)			X												
20B. 1,3-Dichloro-Benzene (541-73-1)			X												
21B. 1,4-Dichloro-benzene (106-46-7)			X												
22B. 3,3-Dichloro-benzidene (91-94-1)			X												
23B. Diethyl Phthalate (84-66-2)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (If available)	2. MARK "X" a. Testing Required	a. Believed Present	b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	(2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	(2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	(2) Mass	d. No. of Analyses	4. UNITS a. Concentration	b. Mass	5. INTAKE (optional) a. Long-Term Avg. Value (1) Concentration	(2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)			X												
25B. Di-N-butyl Phthalate (84-74-2)			X												
26B. 2,4-Dinitro-toluene (121-14-2)			X												
27B. 2,6-Dinitro-toluene (606-20-2)			X												
28B. Di-n-octyl Phthalate (117-84-0)			X												
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)			X												
30B. Fluoranthene (208-44-0)			X												
31B. Fluorene (86-73-7)			X												
32B. Hexachloro-benzene (118-71-1)			X												
33B. Hexachloro-butadiene (87-68-3)			X												
34B. Hexachloro-cyclopenta-diene (77-47-4)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X" a. Testing Required	2. MARK "X" a. Believed Present	2. MARK "X" b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	3. EFFLUENT a. Maximum Daily Value (2) Mass	3. EFFLUENT b. Maximum 30-Day Value (if available) (1) Concentration	3. EFFLUENT b. Maximum 30-Day Value (if available) (2) Mass	3. EFFLUENT c. Long-Term Avg. Value (if available) (1) Concentration	3. EFFLUENT c. Long-Term Avg. Value (if available) (2) Mass	3. EFFLUENT d. No. of Analyses	4. UNITS a. Concentration	4. UNITS b. Mass	5. INTAKE (optional) a. Long-Term Avg Value (1) Concentration	5. INTAKE (optional) a. Long-Term Avg Value (2) Mass	5. INTAKE (optional) b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)			X												
36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5)			X												
37B. Isophorone (78-59-1)			X												
38B. Napthalene (91-20-3)			X												
39B. Nitrobenzene (98-95-3)			X												
40B. N-Nitrosodimethylamine (62-75-9)			X												
41B. N-nitrosodi-n-propylamine (621-64-7)			X												
42B. N-nitrosodiphenylamine (86-30-6)			X												
43B. Phenanthrene (85-01-8)			X												
44B. Pyrene (129-00-0)			X												
45B. 1,2,4 Trichlorobenzene (120-82-1)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X" a. Testing Required	a. Believed Present	b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	(2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	(2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	(2) Mass	d. No. of Analyses	4. UNITS a. Concentration	b. Mass	5. INTAKE (optional) a. Long-Term Avg. Value (1) Concentration	(2) Mass	b. No. of Analyses
GC/MS FRACTION -- PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (58-89-9)			X												
4P. gamma-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X" a. Testing Required	2. MARK "X" a. Believed Present	2. MARK "X" b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	3. EFFLUENT a. Maximum Daily Value (2) Mass	3. EFFLUENT b. Maximum 30-Day Value (if available) (1) Concentration	3. EFFLUENT b. Maximum 30-Day Value (if available) (2) Mass	3. EFFLUENT c. Long-Term Avg. Value (if available) (1) Concentration	3. EFFLUENT c. Long-Term Avg. Value (if available) (2) Mass	3. EFFLUENT d. No. of Analyses	4. UNITS a. Concentration	4. UNITS b. Mass	5. INTAKE (optional) a. Long-Term Avg Value (1) Concentration	5. INTAKE (optional) a. Long-Term Avg Value (2) Mass	5. INTAKE (optional) b. No. of Analyses
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X												
16P Heptachlor (76-44-8)			X												
17P. Heptaclor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

METRO Parks

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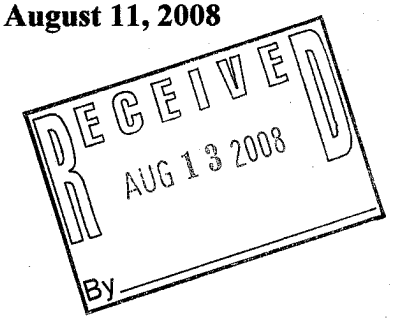
August 11, 2008



Dear Mr. Sartipi,

Per our phone conversation on July 16, 2008, pertaining to the Otter Creek Park landfill, we are under the understanding of the clean water act and we must continue monitoring. (permit # 0093094)

We do agree to the reduce monitoring to once per year & during a major rain event to provide us with consistent flow and representative sample for analysis.

I can be reached at (270) 268-8205 if you have any further questions.

Thank you for your cooperation in this matter.

Gary Crabtree

Cc: Dan Young
Otter Creek Park

Jerry E. Abramson
Mayor

Louisville
Metro Council